

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14831**
Registrar's No. **2977**

LEU APR 23 1952

BIRTH NO. **26216** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY ST. LOUIS	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN WEBSTER GROVES 4607	
d. FULL NAME OF HOSPITAL OR INSTITUTION DEACONESS HOSPITAL		d. STREET ADDRESS (If rural, give location) N-577-LOCUST CT. 1.	

3. NAME OF DECEASED a. (First) b. (Middle) c. (Last) Twin #1			4. DATE OF DEATH (Month) (Day) (Year) MAR-29-1952		
A. (Type or Print) INFANT DAUGHTER OF ROBERT SWAHLEN					
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) INFANT	8. DATE OF BIRTH MAR-29-1952	9. AGE (In years last birthday) —	9. AGE (In years last birthday) —
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE		10b. KIND OF BUSINESS OR INDUSTRY —	11. BIRTHPLACE (State or foreign country) DEACONESS HOSPITAL	12. CITIZEN OF WHAT COUNTRY? —	

13a. FATHER'S NAME ROBERT SWAHLEN	13b. MOTHER'S MAIDEN NAME NADINE SOMMER	14. NAME OF HUSBAND OR WIFE —
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. —	17. INFORMANT'S SIGNATURE OR NAME ROBERT SWAHLEN ADDRESS WEBSTER GROVES

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Atelectasis - 4 1/2 mos gestation		30 min.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hydramnious with premature rupture of Membranes		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION —	19b. MAJOR FINDINGS OF OPERATION No operation	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) M	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) —	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 76-15-

22. I hereby certify that I attended the deceased from **3/29**, 1952, to **3/29**, 1952, that I last saw the deceased alive on **3/29**, 1952, and that death occurred at **7:45 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Henry G. Pingo M.D.	23b. ADDRESS 634 N Grand	23c. DATE SIGNED 3/30/52
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE MAR-31-1952	24c. NAME OF CEMETERY OR CREMATORY COLLEGE HILL CEM. LOCATION (City, town, or county) (State) LEBANON ILLINOIS

DATE REC'D BY LOCAL REG. MAR 31 1952	REGISTRAR'S SIGNATURE Charles Smith	25. FUNERAL DIRECTOR'S SIGNATURE Wesley Parker - Aldrich Funeral Home ADDRESS Webster Groves
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

no embalming

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Leslie Welch* _____

Licensed Embalmer No. *4395* _____

P. O. Address *Whiter Cross W* _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.